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Psychical Results of Gynecological Operations.

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PSYCHICAL RESULTS OF GYNECOLOGICAL OPERATIONS.

It has become quite the fashion of late, on the part of anti-surgical gynecologists and others opposed to radical measures in the treatment of the diseases of women, to make suggestive allusion to the possibility of insanity, or other grave neurosis, following operations. This paper is accordingly presented to this Section, showing, as I believe it does, the real facts as known to-day upon the question: "Do psychoses follow gynecological operations?"

The advent of Apostoli's application of electricity, has also afforded an opportune moment for the anti-surgical practitioner to renew and reinforce himself against radical treatment. The brilliant claims of Apostoli, and the still more arrogant assumption of certain followers of the gifted electrician, would lead the casual reader and observer to the supposition that hysterectomy for myoma is no longer a necessity. It is, therefore, not surprising that between the two extremes, there should be an active argument in progress, and that there should be a tendency to urge rather extreme views in support of an opinion. The most important paper upon this subject appeared in the *Medical News* of April 13, 1889, having been previously read by Dr. T. G. Thomas, before the N. Y. Academy of Medicine, April 4. The paper claims to report

twenty-six cases where severe psychical results followed gynecological surgery.

In the consideration of this subject, it appears to the writer but just that we limit this inquiry to operations which affect the uterus and appendages; such operations as oöphorectomy, ovariectomy, salpingectomy and hysterectomy, including Porro's operation. To go beyond this surely involves the danger of adding unimportant evidence for obvious reasons. Let us see how far the paper above alluded to conforms to this standard. Dr. Thomas reports six cases of grave psychosis, following gynecological surgery in his own practice. Of the six, one was an ovariectomy, one a Battey's operation, the third a trachelorrhaphy. The first was a patient of low grade of health, who was insane less than thirty-six hours, and died. Surely, this cannot have been merely insanity; there was evidently acute cerebral disease, at least as complication. The second case would appear to be a case in point, and is the only one of Thomas' six, which should be classified as possibly due to the operation. She made an excellent recovery. It is claimed that in no case could a history of heredity be obtained. In four of the six cases, *eccentricity* was observed prior to operation. Of cases noted in this interesting paper, one by Dr. Ill deserves notice. (See *Pittsburg Med. Review*, Vol. 2, 1888, p. 1.) Dr. Ill reports three cases occurring in his own practice. Case 1. Age 61. Fibro-sarcoma removed. Twenty days insane. Recovery. Case 2. Age 57. Ovarian cyst. Patient in bad mental state prior to operation. "Hopes to die under it." Both cases showed psychical symptoms immediately after removal of stitches. The second case had been tapped twenty-seven times in two years. Patient was insane only a short

time. Can any one doubt the cause of insanity in this case? It would perhaps be well to have it generally known that insanity followed such temporizing as a rule. The third case was a "button hole" operation for cystitis. Patient recovered, although I claim the case as not properly classified.

Dr. Ill also briefly reports seven cases which were read before the Berlin Gynecological Society in 1887. Of these, only one operation affected the uterus, an amputation of the neck. One ovariectomy was followed by insanity, with fatal result. The remaining operations were upon the perineum, vagina and rectum. Five of these cases were seen in Dr. A. Martin's hospital, Berlin. In only one case upon the uterus or ovaries. (Reported by Czempin.) (Dr. Martin claims this case had history of prior tendency. See letter below.)

In 1888, Werth, of Kiel, read a paper before the German Gynecological Society, at Halle, in which he stated, that in three hundred operations on the female genital tract, he had in six instances observed psychical disturbances due to the operation. In two cases the operation was total extirpation of the uterus; in two, removal of the ovaries; and in two ovariectomy. One patient was violently excited before the operation. In five cases the mental disturbance took the form of melancholia, and one of mania.

In *American Jour. Obstetrics*, Jan., 1889, Fillebrown, of Hamburg, reports four cases observed by Prochownick. Case 1. Hysterectomy for fibromata. Patient single. Aged 45. Recovery interrupted, in the third week, by a small exudation in left side. Operation Feb. 19. Discharged well March 19. In July of the same year, melancholia. Her condition improved under

treatment, but occasionally shows signs of mental distress. Shows aversion to men generally, and to physicians in particular. Case 2. Prolapsus uteri, and cystocele, with torn perineum. Operation June 16. Insanity at the end of September. Improvement in mental condition, but finally died of peritoneal cancer. Case 3. Catarrhal colitis and two abortions. Curetting of the uterus and development of ovarian cyst. Operation Sept. 19, 1889. Mental excitement in following December, increasing to mania, in a month. Slowly recovered. Had fear of cancer, and hysteria prior to operation. The fourth case. Age ——. Had eight abortions (?). Had a fibroma, which necessitated laparotomy for castration, March, 1887. Besides the ovaries, two small fibromata the size of large apples, and the tubes, with hæmato and pyosalpinx were removed. The first signs of psychical derangement occurred thirteen months after operation. The patient died, and at the autopsy, a cerebral tumor was discovered. Hæmorrhage was the immediate cause of death. Fillebrown well says that this last case of insanity was not due to the operation. He claims that if due to the operation, the psychosis should develop in four months or less. The age of two of these cases should relieve them of any suspicion of having been made insane by the surgical operations, as they were past the age of menstrual activity.

Fillebrown also reports three cases of interest, in that they developed insanity prior to operation. One rupture of ovarian cyst, just before operation was to have been performed. One week's illness. Recovery. Melancholia in two months. Recovery in three months. Another for ruptured extra-uterine pregnancy. Patient ill seven months. Melancholia in four months. Recovery. A third

case, pyosalpinx, rupture, hæmorrhage, peritonitis, melancholia. History of heredity.

In the *British Medical Journal*, June 8, 1889, Dr. Thomas Keith, formerly of Edinburgh, but now of London, makes the following remarkable observation: "Even the fact that in my cases of hysterectomy, the removal of the uterus and ovaries was sooner or later followed by insanity, in 10 per cent. of the whole number, is enough for me to condemn any operation that removes these organs." This statement occurs in the famous declaration made by Dr. Keith (in the journal above quoted), that he has forsworn such formidable operations as hysterectomy, and ovariectomy, for fibroids. Coming, as this does, from so eminent an operator, and in every way so very popular, and highly esteemed gentleman, demands careful consideration, and does not admit of mere denial.

It is not surprising that our anti-surgical friends should take advantage of this statement, and we accordingly have seen it used already in opposition to radical treatment. The inquiry made in regard to this view of the case, has led to very careful search of the literature of the subject, and to my gratification, it is almost impossible to find upon record a well-authenticated case of insanity due to these operations. In point of fact, an operation to produce insanity, which should be without question owing to the operation alone, would of necessity be performed upon a healthy woman, which no operator would dare to undertake. If this view be not correct, the solution of the difficulty lies in the neurosis being merely a coincidence or accidental result.

The investigation has led the writer from a position of some skepticism, to one of positive

conviction, that the position of Dr. Keith is untenable.

For a few moments we will see what representative surgeons and others have to say in view of Dr. Keith's statement. First, let us see what he says himself: "Of the six cases of insanity I had after hysterectomy, in two, the attacks were acute, during convalescence. Both died. One had been insane before—an acute attack—none of the others. Of the other four cases, two had attacks of acute mania, within a year after operation. One recovered, the other was still insane when I last heard of her; that was several years after operation. In the other two, the ——— was chronic mania. . . . I had no cases of insanity after simple double removal of the ovaries; only after removal of both ovaries and the uterus. It is impossible for me not to connect at least three of the cases with the operation.

Dr. Bantock says: "I regard insanity following abdominal operations, rather as a coincidence than a consequence. I have not seen any cases, save those in which insanity was previously shown. One was a case who had been in an asylum, and the other was one of religious enthusiasm, rather than mania. The former, when last heard from, was as well as when she left the Asylum. The latter is now quite well. Another case of supra-vaginal hysterectomy had hysterical mania for a few days, and a fourth was a bad case of ovariectomy, done during an attack of puerperal mania; the case doing well. There has been nothing in the experience of my colleagues at the Samaritan Hospital, to warrant any support to the statement in question.

Dr. A. Martin says: "I have been truly astonished to read Dr. Keith's statement. Among

my own cases, out of whom over 1,000 have survived laparotomy, not one patient has been insane, where there had not been very marked symptoms of mental trouble before. Grave hysteria followed sometimes other operations, but here also not one quite healthy person has fallen ill in this way. The only exception I have seen is in rectal operations, removal of piles, and similar operations (which, indeed, I perform but quite exceptionally.) I saw acute mania, but also here there were prior symptoms, undoubtedly." This letter disposes of the statement made in Dr. Ill's paper (quoted by Thomas) that so many cases occurred in Dr. Martin's hospital.

Dr. Robert Battey says: "I rarely remove the uterus, and have not any case of insanity following operation upon any patient who was not previously insane; *per contra*, I have had a number of cases of reflex insanity which have been cured by operative interference."

Dr. T. A. Emmet says: "I have rarely done hysterectomy, and seldom remove the ovaries for any other condition than the one calling for ovariectomy proper. I have never seen, in my own practice, a case of insanity following any of these operations; nor do I know of an instance in the practice of any one else, after hysterectomy or ovariectomy. But I have known of several instances of acute mania, and a number of cases of melancholia, which have followed the operation for removing the tubes, and ovaries. I have seldom been called in consultation to see these cases, but have known from the friends of the regret [?] where I have refused to operate, and they have gone to others to have it done. Unfortunately, I am unable to furnish any statistics, and I wish our knowledge was more accurate;

but I cannot divest myself of the belief, that a disturbance of the mind, in some form, has been a far more frequent occurrence after removal of the uterus and ovaries, than is generally supposed."

In the view announced by Drs. Bantock, Battley and others, that the cases of insanity following gynecological operations really preceded them, very many of our active surgeons concur; but to reproduce their opinion here would greatly lengthen this paper. In fact, there is no dissent whatever. But some may say, why do you not ask the alienists; for we have heard that many cases of insanity are found in our asylums, as a result of gynecological work? What do we find?

Dr. Alice Bennet, of the State Asylum, Norristown, Pa., says: "I have had three cases of insanity following removal of the ovaries. I am not willing to say that the operations were the cause." These cases are cited, but develop nothing unusual. These cases came under Miss Bennet's care after operation. It will be seen that Dr. Keith only claims three cases, as unquestionably due to the operation. Dr. Keith has had sixty-four cases of hysterectomy. His six cases of psychosis show but one with previous history of insanity. It is worthy of observation that he attaches no importance to the simple removal of the ovaries for fibroids, as a factor in the production of insanity, but emphasizes the point as important "only after the removal of both organs."

Dr. G. Alder Blumer, Supt. of the N. Y. State Asylum says: "Replying to your recent inquiry in reference to gynecological operations in their relation to insanity, I have to state, that, while we have had a few cases in which such operations were assigned as the exciting cause, the

patients have generally been unstable normally, and predisposed to insanity by heredity."

In conclusion, it appears but fair to claim that there is but slight evidence of insanity resulting from gynecological work. If all the factors which enter into the causation of such psychical disturbance are considered, it is quite probable that but slight evidence will be found to support the theory of cause and effect, or that insanity is directly produced by the operation. Thus we know that in any surgery we have psychical disturbances from anaesthesia, shock or use of toxic substance, such as iodoform, etc.

Again the overwhelming statistical information at hand, showing how many women are insane owing to disease of the generative organs, alone; and, also, the number cured by the proper treatment of their diseases, should forever silence any captious criticism of this surgery.

Few facts in medicine are so well established as, that scores of women are being rescued from insanity and some of the protean forms of hysteria, by the gynecologist. The fear that insanity may result from the operation should never deter the surgeon from its performance; for if in doubt about it, there must need be positive reason to suspect a mental trouble, which, according to the almost universal experience of the profession, is caused by the disease in question, and is not to be prevented by the delay of the treatment.

